

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 22 1934

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

41824

1. PLACE OF DEATH

County Phelps  
Township St. James  
City St. James (No. \_\_\_\_\_)

Registration District No. 678  
Primary Registration District No. 4404

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Emma Ann Suther

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

|  |                                  |  |
|--|----------------------------------|--|
| 3. SEX<br><u>Female</u>  | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____   |                                  |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 30 - 1869</u>  |                                  |  |
| 7. AGE<br><u>62</u>  | YEARS<br><u>1</u>                | MONTHS<br><u>24</u>  |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Church Wreck</u> |                                  |  |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.<br><u>Church Wreck</u>          |                                  |  |
| 10. Date deceased last worked at this occupation (month and year) _____  |                                  |  |
| 11. Total time (years) spent in this occupation <u>10 yrs</u>  |                                  |  |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clarksville Mo. Pike Co</u>                                    |                                  |  |
| 13. NAME <u>William A Suther</u>   |                                  |  |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Newburg New York</u>   |                                  |  |
| 15. MAIDEN NAME <u>Ann Thouberry</u>   |                                  |  |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Carbondale Pa</u>  |                                  |  |
| 17. INFORMANT <u>Mrs. J. A. Miller</u><br>(ADDRESS) <u>St. James Mo</u>  |                                  |  |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <u>Masonic Cemetery</u> DATE <u>Dec 26 - 1931</u>                       |                                  |  |
| 19. UNDERTAKER <u>Jonas and Son</u><br>(ADDRESS) <u>St. James Mo</u>   |                                  |  |
| 20. FILED <u>12-26</u> 19 <u>3</u> <u>Henry F. Holtz</u><br>Registrar  |                                  |  |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 24 - 1931

22. I HEREBY CERTIFY, That I attended deceased from instant death, 19 Dec 24, 19 1931.  
I last saw h. alive on 11/9, 19 1931. Death is said to have occurred on the date stated above, at 11/9 m.  
The principal cause of death and related causes of importance were as follows:  
Embolism of the coronary artery  
74B  
Other contributory causes of importance: 74B

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) C. H. T. Wright, M. D.  
(Address) St. James Mo

